

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

IC-169200

SL-31939

63-037945

9747

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS

Length of stay in 1b

24 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

VET ADM HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

Lincoln

c. CITY

OR
TOWN

HAWK POINT

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

BOX 34

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

JOSEPH

Middle

H.

Last

PRIOR

4. DATE

OF
DEATH

SEPTEMBER

Month

28

Day

1963

Year

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-16-90

9. AGE (last birthday)

73

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AUTO MECHANIC

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

CASE, MISSOURI

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

JOE PRIOR

13b. MOTHER'S MAIDEN NAME

DOSHA MILAM

14. NAME OF HUSBAND OR WIFE

DELLA PRIOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

DELLA PRIOR, Sec 2 above

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchogenic Carcinoma with abdominal metastasis

DUE TO (b)

Pulmonary Tuberculosis

DUE TO (c)

1621A

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour

a.m.

p.m.

20f. MONTH, DAY, YEAR

Month, Day, Year

20g. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20i. CITY, TOWN, OR LOCATION

20j. COUNTY

20k. STATE

21. VA attended the deceased from

9-4-63

21. VA attended the deceased from

9-28-63

21. VA attended the deceased from

9-28-63

21. Death occurred at

11:30 AM

21. Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Marion S. Panerinto

22b. ADDRESS

M.D.

VAH, ST. LOUIS, MISSOURI

22c. DATE SIGNED

9-28-63

23a. BURIAL, CREMATION, ETC.

(Specify)

BURIAL

23b. NAME OF CEMETERY OR CREMATORY

10-1-63

Troy

23d. LOCATION (City, town, or county)

Troy Mo

23e. STATE

24. FUNERAL DIRECTOR

McCoey Funeral Home, Troy, Missouri.

24. ADDRESS

25. DATE RECD. BY LOCAL REG.

SEP 30 1963

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 10 1963

OCT 31 1963

DEC 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey Kahl

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.